Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			45		Comment of the second of the second		ſ	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4/5 minus 20=		. 25			X\$ 9=		OR	X\$18=	450
IND	EPENDENT CL	AIMS	ん minus 3 =		*			X40=		OR	X80=	3 0.
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	110
* If the difference in column 1 is less than zero, ent					r "0" in c	column 2	Ŀ	TOTAL		OR	TOTAL	1240
	С	LAIMS AS A	MENDED	DED - PART II							OTHER	
	*** We 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Column 1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Colu				SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A	e properties and a	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F CL AIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+135=		OR	+270=	
7*	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	(Colur		nn 2) (Column 3)			NOON. I EE			ADDII. 1 CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- OL A184	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+135=		OR	+270=	
. :							_ A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	-
		(Column 1)		(Colui	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	*	OR	X\$18=	ï
	Independent	*	Minus	***	T 01 4114			X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	· · · · · · · · · · · · · · · · · · ·	OR	+270=	
		mn 1 is less than the					<i>"</i> .	TOTAL		OB.	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												